

Hearing Aid Dealer GROUP
Provider Type 50

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 for all Hearing Aid Dealer within the group. (Individual provider number (50) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9
- NPI and Taxonomy Verification

Important addresses:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602